



**Instructions**  
**Commercial Driver Training School Application**

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank.
2. All owners, partners, and principal stockholders of the school must complete page four (4) of this application and attach the following:
  - a. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
  - b. Complete the Consent for Background Investigation form.
  - c. Fingerprint Cards (NOT REQUIRED FOR RENEWAL)  
One (1) set of fingerprints (2 cards) of each digit of the right and left hands.  
An affidavit from a qualified state, county, or city officer stating that the fingerprints are those of the applicant.  
A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation (G.B.I.) to cover the fingerprint processing fee.

**The Following Must Accompany The Application:**

1. A continuous surety bond in the principal sum of two thousand, five hundred dollars (\$2,500.00) for the protection of the contractual rights of the students. The surety bond as specified must be written by a company authorized to do business in the State of Georgia. The bond must show the School's name and address exactly as it is listed on the application. See the attached surety bond.
2. A copy of all curricula used by the school, including an outline of each day's instruction, all tests, and all handouts. Include information on the length of the course and the hours behind the wheel that each student will receive.
3. Submit a certified copy from the Clerk of the appropriate Superior court evidencing the registration of a business or trade name if the business is to be conducted under such a trade name in lieu of the name of the corporation, person, partnership, or other entity that owns such school. (IF NEW APPLICANT; NOT REQUIRED FOR RENEWAL)
4. Samples of any contracts used by the school. The contracts must have the name of the school printed thereon.
5. Copies of all forms used by the school. This would include evaluation forms, attendance forms, student logs, school catalogs, and any handouts given to students.
6. Sample copies of receipts to be used by the school. The receipts must have the name of the school printed thereon or applied with a rubber stamp.
7. A fee of \$25.00, made payable to the Georgia Department of Motor Vehicle Safety. All fees should be in the form of certificated funds. Company checks will not be accepted.
8. A copy of a fire inspection report demonstrating compliance with local fire safety regulations.
9. A list of all instructors that will be teaching at the school. Each instructor is required to be licensed by the Department of Motor Vehicle Safety before giving any instruction.
10. A current certificate of insurance listing all vehicles, or fleet policy. All vehicles to be used for practical driver training must be covered with insurance as follows: At least (a) \$100,000 for bodily injury to, or death of, any one person in any one accident and subject to said limit for one person, (b) \$200,000 for bodily injury or death of two or more persons in any one accident, (c) \$20,000 for destruction of property of others in any one accident.
11. Copies of the Annual Vehicle Inspection Reports for all road vehicles.
12. If any vehicles are leased, attach a copy of the lease agreement.
13. Copies of Certificate of Incorporation and Articles of Incorporation, if a corporation is involved.
14. All commercial vehicles with a GVWR over 10,000 lbs. must have a U.S. DOT number. The DOT application can be obtained from the Motor Vehicles Services website or by calling (678) 675-6171.

**Georgia Department of Motor Vehicle Safety**  
2206 East View Parkway • P.O. Box 80447 • Conyers, GA 30013

**Application For A Commercial (Truck) Driver Training School**

**Check the Type of Application:** ☐ **First-Time Applicant** ☐ **Renewal**

Legal Name of School: \_\_\_\_\_

D/B/A or Trade Name: \_\_\_\_\_

The name listed on this application must be used consistently on all forms, advertisements, vehicles, etc.

Names of all Owners, Partners, or Controlling Stockholders: \_\_\_\_\_

Classroom Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

School Telephone #: (\_\_\_\_) \_\_\_\_\_ School Fax #:(\_\_\_\_) \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ E-mail Address: (\_\_\_\_) \_\_\_\_\_

U.S. DOT Number that has been issued to the School: \_\_\_\_\_

Does this facility meet all requirements set forth by the Americans with Disabilities Act of 1990? ☐ Yes ☐ No

If renewal application, has there been any change in ownership at this school? ☐ Yes ☐ No.

If yes, please give particulars: \_\_\_\_\_

**Description of Course(s) offered to students:**

Course 1: \_\_\_\_\_

\_\_\_\_\_ days consisting of \_\_\_\_\_ classroom hours \_\_\_\_\_ range hours \_\_\_\_\_ road hours

Course 2: \_\_\_\_\_

\_\_\_\_\_ days consisting of \_\_\_\_\_ classroom hours \_\_\_\_\_ range hours \_\_\_\_\_ road hours

Course 3: \_\_\_\_\_

\_\_\_\_\_ days consisting of \_\_\_\_\_ classroom hours \_\_\_\_\_ range hours \_\_\_\_\_ road hours

**Vehicles owned by or leased to the school for use by instructors and students.** If additional space is needed, attach a separate sheet of paper. Attach a copy of Annual Vehicle Inspection Report for all road vehicles.

<u>Vehicle Make</u>	<u>Model Year</u>	<u>Registration Number</u>

**Full name and address of all instructors.** If additional space is needed, attach a separate sheet of paper.

<u>Full Name of Instructors</u>	<u>Full Address of Instructors</u>

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public) (Seal Required)

\_\_\_\_\_  
**Applicant's Signature and Date**

**TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR CERTIFICATE OF APPROVAL**



**ALL OWNERS, PARTNERS, AND PRINCIPAL STOCKHOLDERS OF THE SCHOOL  
MUST COMPLETE THIS PAGE AND ATTACH THE FOLLOWING:**

1. One (1) photograph, taken within thirty (30) days of filing this application, showing a full view of the face, neck, shoulders, and uncovered head.
2. Completed and notarized Consent for Background Investigation form.
3. Fingerprint Cards (IF NEW APPLICANT; NOT REQUIRED FOR RENEWAL):
  - One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
  - An affidavit from a qualified state, county, or city officer that the fingerprints are those of the applicant.
  - A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation G.B.I. to cover the fingerprint processing fee.

1. Full Name: \_\_\_\_\_
2. Position in School: \_\_\_\_\_
3. Legal Residence Address: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
5. Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_
6. E-Mail Address: \_\_\_\_\_
7. Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_
8. Do you have a relative employed by the Georgia Department of Motor Vehicle Safety? ☐ Yes ☐ No  
If so, give name: \_\_\_\_\_ Relationship: \_\_\_\_\_
9. Have you ever been convicted of fraud or fraudulent practices in relation to securing a license to drive a motor vehicle? ☐ Yes ☐ No. If yes, give particulars: \_\_\_\_\_
10. Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or federal court? ☐ Yes ☐ No What were the charge(s)? \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_
11. Are there any proceedings now pending against you relating to any crime, misdemeanors, or violations? ☐ Yes ☐ No. If so, give particulars: \_\_\_\_\_
12. I have read and understand the rules and regulations for operating a Commercial Driver Training School? ☐ Yes ☐ No

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Seal Required)

**Applicant's Signature and Date**

\_\_\_\_\_  
Commission Expires



## AFFIDAVIT

Have the Official that takes your fingerprints sign and date this affidavit

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

I do solemnly swear (or affirm) that the attached fingerprints are those of the applicant named herein:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Official Taking Fingerprints

\_\_\_\_\_  
Name of Above Official's Agency

\_\_\_\_\_  
Date of Fingerprinting

**NOTE: BEFORE SENDING IN THE FINGERPRINT CARDS, BE SURE TO FILL IN THE FOLLOWING ON THE FINGERPRINT CARDS:**

- |   |   |
|---|---|
| <input type="checkbox"/> Residence      | <input type="checkbox"/> Height                 |
| <input type="checkbox"/> Place of Birth | <input type="checkbox"/> Weight                 |
| <input type="checkbox"/> Nationality    | <input type="checkbox"/> Color of Hair          |
| <input type="checkbox"/> Age            | <input type="checkbox"/> Color of Eyes          |
| <input type="checkbox"/> Date of Birth  | <input type="checkbox"/> Social Security Number |
| <input type="checkbox"/> Race           | <input type="checkbox"/> Citizenship            |

**The fingerprint card without the forgoing information will not be accepted.**



# Georgia Department of Motor Vehicle Safety

2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

<b>OFFICE USE ONLY</b> FILE NUMBER:	<b>OFFICE USE ONLY</b> DATE APPLICATION RECEIVED:	<b>OFFICE USE ONLY</b> BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	<b>OFFICE USE ONLY</b>
<b>OFFICE USE ONLY</b>			

## CONSENT FOR BACKGROUND INVESTIGATION

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include all zeros)	Issue date (Exam date)	State (GA License Required) <b>Georgia</b>	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? ☐ Yes ☐ No

Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? ☐ Yes ☐ No

If you are now charged, under indictment, or have court hearings pending for any charges, give details below:

I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or to become an Instructor) to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

**THIS CONSENT FORM MUST BE NOTARIZED**

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: \_\_\_\_\_

**Return form to the Regulatory Compliance Section**